MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27522

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Kirkwood (No. 17 Edwin Ave St. Ward)

Registration District No. 795
Primary Registration District No. 6248

File No.
Registered No. 195

2. FULL NAME Harry W. McChesney

(a) Residence. No. 4120 W. Pine St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella S. McChesney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 1873

7. AGE YEARS 60 MONTHS 6 DAYS 2 If LESS than 1 day, ... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

13. NAME (FATHER) Warren F. McChesney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME (MOTHER) Annie Carney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. H. W. McChesney
(ADDRESS) 4120 W. Pine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE Aug 23 33

19. UNDERTAKER Wagoner
(ADDRESS) 3629 Olive St.

20. FILED 8/23 1933 L. C. Barrett M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec — 1931, to Aug 22 — 1933
I last saw h— alive on Aug 13 1933. Death is said to have occurred on the date stated above, at 4 30 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the tongue (Metastases to the lungs)

Date of onset 1931

45
47 B

Other contributory causes of importance

Name of operation Neck dissection. Date of 1932
What test confirmed diagnosis? Microscopy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Charles F. Shannon M. D.
(Address) 3720 Washington

Mr. E. E. Barnett
20 96 60. Peakhurst Oct'
Scotland